

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

MADISON PROJECT INC.

ADDRESS (number and street)

PO BOX 66128

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20035

6128

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00298000

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the  
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT B MACKENZIE

Signature of Treasurer

Electronically Filed by SCOTT B MACKENZIE

Date

06

29

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 69

Write or Type Committee Name  
MADISON PROJECT INC.

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2008	43670.73
(b) Cash on Hand at Beginning of Reporting Period .....	39795.39	
(c) Total Receipts (from Line 19) .....	66564.84	537861.84
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	106360.23	581532.57
7. Total Disbursements (from Line 31) .....	80048.40	555220.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26311.83	26311.83
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	48267.33	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 69

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period:

From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	27586.42	180849.41
(ii) Unitemized .....	38978.42	354172.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	66564.84	535021.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	66564.84	535021.54
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	2840.30
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	66564.84	537861.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	66564.84	537861.84

## DETAILED SUMMARY PAGE

of Disbursements

4 / 69

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	72593.40	547765.74	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	72593.40	547765.74	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7455.00	7455.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	80048.40	555220.74	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80048.40	555220.74	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 69

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	66564.84	535021.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66564.84	535021.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	72593.40	547765.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	2840.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	72593.40	544925.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR RANALD T ADAMS 223

Mailing Address 1002 EMERALD DR

City State Zip Code  
ALEXANDRIA VA 22308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.37096

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JAMES APGAR 201

Mailing Address 8643 LEES RIDGE RD

City State Zip Code  
WARRENTON VA 20186

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOFTWARE ENGINEER

Occupation  
RSEDAD@EARTHLINKNET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.37041

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)  
MR HAROLD R BANNISTER 028

Mailing Address PO BOX 643

City State Zip Code  
BRISTOL RI 02809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.36828

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR HAROLD R BANNISTER 028

Mailing Address PO BOX 643

City

BRISTOL

State

RI

Zip Code

02809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.36829

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

JEANNE S BARNES 100

Mailing Address 165 CHRISTOPHER ST

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.36776

Amount of Each Receipt this Period

53.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN H BAUMGARTNER 190, JR

Mailing Address 2886 HIGHLAND AVE

City

BROOMALL

State

PA

Zip Code

19008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.36570

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

178.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR EUGENE W BECKER 610

Mailing Address 1008 S LOGAN ST APT 12

City State Zip Code  
LENA IL 61048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.35869

Amount of Each Receipt this Period

159.00

**B.**

Full Name (Last, First, Middle Initial)  
MR EUGENE W BECKER 610

Mailing Address 1008 S LOGAN ST APT 12

City State Zip Code  
LENA IL 61048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.35870

Amount of Each Receipt this Period

159.00

**C.**

Full Name (Last, First, Middle Initial)  
MR EUGENE W BECKER 610

Mailing Address 1008 S LOGAN ST APT 12

City State Zip Code  
LENA IL 61048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.35868

Amount of Each Receipt this Period

1.00

**SUBTOTAL** of Receipts This Page (optional) .....

319.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**Full Name (Last, First, Middle Initial)  
MR DONALD E BONSALL 206

Mailing Address PO BOX 223

City	State	Zip Code
LEONARDTOWN	MD	20650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.37045

Amount of Each Receipt this Period

150.00

**B.**Full Name (Last, First, Middle Initial)  
MR JOHN BRANDT 557

Mailing Address 2129 12TH AVENUE E

City	State	Zip Code
HIBBING	MN	55746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.37484

Amount of Each Receipt this Period

20.00

**C.**Full Name (Last, First, Middle Initial)  
MS BEVERLY BRAUER 927

Mailing Address 1652 SE SKYLINE DR

City	State	Zip Code
SANTA ANA	CA	92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.36330

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR MILFORD J BRENNEMAN 928

Mailing Address PO BOX 992

City State Zip Code  
ANAHEIM CA 92815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.36332

Amount of Each Receipt this Period

249.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS JANIE BROOKS 740

Mailing Address 718 WINTER LN

City State Zip Code  
CLAREMORE OK 74017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.36709

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MARY BROWN 672

Mailing Address 7373 E 29TH ST N UNIT V208

City State Zip Code  
WICHITA KS 67226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.35953

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

399.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS BARBARA BROWN 727**

Mailing Address **PO BOX 1098**

City State Zip Code  
**PRAIRIE GROVE AR 72753**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 03 / 2008**

Transaction ID: SA11AI.35985

Amount of Each Receipt this Period

**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS SUSAN BRUNOFF 175**

Mailing Address **334 W CEDAR ST**

City State Zip Code  
**NEW HOLLAND PA 17557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**720.00**

Date of Receipt

**10 / 21 / 2008**

Transaction ID: SA11AI.36991

Amount of Each Receipt this Period

**720.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS SUSAN BRUNOFF 175**

Mailing Address **334 W CEDAR ST**

City State Zip Code  
**NEW HOLLAND PA 17557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1080.00**

Date of Receipt

**10 / 23 / 2008**

Transaction ID: SA11AI.36990

Amount of Each Receipt this Period

**360.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1130.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS SUSAN BRUNOFF 175**

Mailing Address **334 W CEDAR ST**

City State Zip Code  
**NEW HOLLAND PA 17557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1800.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: SA11AI.36988

Amount of Each Receipt this Period

**720.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS SUSAN BRUNOFF 175**

Mailing Address **334 W CEDAR ST**

City State Zip Code  
**NEW HOLLAND PA 17557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2520.00**

Date of Receipt

**11 / 17 / 2008**

Transaction ID: SA11AI.36989

Amount of Each Receipt this Period

**720.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR ROBERT J CALDWELL 341**

Mailing Address **1511 GALLEGH DR**

City State Zip Code  
**NAPLES FL 34102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**525.00**

Date of Receipt

**10 / 20 / 2008**

Transaction ID: SA11AI.37259

Amount of Each Receipt this Period

**125.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1565.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT J CALDWELL 341

Mailing Address 1511 GALLEGH DR

City State Zip Code  
NAPLES FL 34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.37258

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DAN CARASSO 914

Mailing Address 7856 RANCHITO AVE

City State Zip Code  
PANORAMA CITY CA 91402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.36272

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RICK CAVETT 391

Mailing Address 139 OAKHURST TRL

City State Zip Code  
RIDGELAND MS 39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MS PATHOLOGY ASSC PA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.37295

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN CERVIN 210, JR

Mailing Address 514 SELLRUS CT

City

FALLSTON

State

MD

Zip Code

21047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.37072

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR GEORGE CHALE 917

Mailing Address 1924 CERCO ALTA DR

City

MONTEREY PARK

State

CA

Zip Code

91754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.36279

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

MR GEORGE CHALE 917

Mailing Address 1924 CERCO ALTA DR

City

MONTEREY PARK

State

CA

Zip Code

91754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.36278

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**Full Name (Last, First, Middle Initial)  
NEAL CHASTAIN 794

Mailing Address 7608 UTICA AVE

City	State	Zip Code
LUBBOCK	TX	79424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.36612

Amount of Each Receipt this Period

50.00

**B.**Full Name (Last, First, Middle Initial)  
MRS LENORA COX

Mailing Address 5728 GRANBURY HWY

City	State	Zip Code
WEATHERFORD	TX	76087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-3.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.37530

Amount of Each Receipt this Period

-3.00

NSF

**C.**Full Name (Last, First, Middle Initial)  
MISS LOIS CRANTZ 945

Mailing Address 617 TERRA CALIFORNIA DR APT 6

City	State	Zip Code
WALNUT CREEK	CA	94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.36370

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

147.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**Full Name (Last, First, Middle Initial)  
BERNANDIEN WYNN CROSBY 824

Mailing Address 117 SIDDLE DR

City	State	Zip Code
CODY	WY	82414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	8

Transaction ID: SA11AI.36156

Amount of Each Receipt this Period

100.00

**B.**Full Name (Last, First, Middle Initial)  
BERNANDIEN WYNN CROSBY 824

Mailing Address 117 SIDDLE DR

City	State	Zip Code
CODY	WY	82414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	0	8

Transaction ID: SA11AI.36157

Amount of Each Receipt this Period

150.00

**C.**Full Name (Last, First, Middle Initial)  
MRS EVELYN DEWITT 935

Mailing Address 1268 W KILDARE ST

City	State	Zip Code
LANCASTER	CA	93534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	8

Transaction ID: SA11AI.36349

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

325.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MISS NORMA ELLIS 761**

Mailing Address **2744 MANORWOOD TRL**

City State Zip Code  
**FORT WORTH TX 76109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 31 / 2008**

Transaction ID: SA11AI.36057

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS MARJORIE ERLAND 730**

Mailing Address **2100 NE 140TH ST APT 203D**

City State Zip Code  
**EDMOND OK 73013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**480.00**

Date of Receipt

**11 / 18 / 2008**

Transaction ID: SA11AI.35987

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR ROBERT B FERGUSON 926**

Mailing Address **23072 LAKE CENTER DR STE 205**

City State Zip Code  
**LAKE FOREST CA 92630**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 20 / 2008**

Transaction ID: SA11AI.36320

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR WILLIAM H FOWLKES 687**

Mailing Address **53740 833 RD**

City State Zip Code  
**MEADOW GROVE NE 68752**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**FARMER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 07 / 2008**

Transaction ID: SA11AI.35968

Amount of Each Receipt this Period

**150.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MARILYN GREENE 201**

Mailing Address **39368 LONGHILL LN**

City State Zip Code  
**ALDIE VA 20105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SYSTEMS ENGINEER/HOMEMAKE**

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: SA11AI.37031

Amount of Each Receipt this Period

**225.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS DOROTHY G GRIFFIN 134**

Mailing Address **8209 PHILLIPS RD**

City State Zip Code  
**ROME NY 13440**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**VARFLEX CORP**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**251.00**

Date of Receipt

**11 / 03 / 2008**

Transaction ID: SA11AI.36944

Amount of Each Receipt this Period

**1.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**376.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR W GROW 194

Mailing Address 248 MINERAL ST

City State Zip Code  
POTTSTOWN PA 19464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.37023

Amount of Each Receipt this Period

414.00

**B.**

Full Name (Last, First, Middle Initial)  
MR H R GUSTAFSON 992

Mailing Address 2612 E WHITE PINES LN

City State Zip Code  
SPOKANE WA 99223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.36477

Amount of Each Receipt this Period

101.00

**C.**

Full Name (Last, First, Middle Initial)  
MR H R GUSTAFSON 992

Mailing Address 2612 E WHITE PINES LN

City State Zip Code  
SPOKANE WA 99223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.36476

Amount of Each Receipt this Period

152.00

**SUBTOTAL** of Receipts This Page (optional) .....

667.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**WARREN GUY 759**

Mailing Address **1501 ROBINHOOD LN**

City State Zip Code  
**LUFKIN TX 75904**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DENTIST**

Occupation  
**DENTIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: SA11AI.36052

Amount of Each Receipt this Period

**5000.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR CHARLES A HADLEY 800**

Mailing Address **541 MANORWOOD LN**

City State Zip Code  
**LOUISVILLE CO 80027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

**10 / 21 / 2008**

Transaction ID: SA11AI.36130

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS ANGELA HAVERLY 078**

Mailing Address **24 MOSSWOOD TRL**

City State Zip Code  
**DENVILLE NJ 07834**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: SA11AI.36874

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**5200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS ANGELA HAVERLY 078

Mailing Address 24 MOSSWOOD TRL

City State Zip Code  
DENVER NJ 07834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.36875

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
MS MARIE D HESS 117

Mailing Address 74 HUMPHREY DR

City State Zip Code  
SYOSSET NY 11791

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.36521

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT HROMADNIK 660

Mailing Address PO BOX 562

City State Zip Code  
OSAWATOMIE KS 66064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.35930

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT HROMADNIK 660

Mailing Address PO BOX 562

City State Zip Code  
OSAWATOMIE KS 66064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.35928

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT HROMADNIK 660

Mailing Address PO BOX 562

City State Zip Code  
OSAWATOMIE KS 66064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.35929

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
MR TERRY HUTSON 717

Mailing Address PO BOX 688

City State Zip Code  
BEARDEN AR 71720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTHERN AR UNIV TECH

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.35977

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS BETTY C JOHNSTON 299

Mailing Address 12 HADLEY LN

City State Zip Code  
HILTON HEAD ISLAND SC 29926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.37182

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS BETTY C JOHNSTON 299

Mailing Address 12 HADLEY LN

City State Zip Code  
HILTON HEAD ISLAND SC 29926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.37181

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR SAUNDERS JONES 352

Mailing Address 66 PINE CREST RD

City State Zip Code  
BIRMINGHAM AL 35223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.37273

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR JAMES KERNAN 134**

Mailing Address **273 CLINTON ST**

City State Zip Code  
**WHITESBORO NY 13492**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**10 / 31 / 2008**

Transaction ID: SA11AI.36945

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR CHARLES J KERSHAW 030, JR**

Mailing Address **5 HAISE WAY**

City State Zip Code  
**MERRIMACK NH 03054**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**ASSISTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**348.00**

Date of Receipt

**11 / 07 / 2008**

Transaction ID: SA11AI.36834

Amount of Each Receipt this Period

**113.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR KENNETH KLEIN 197**

Mailing Address **11 BRISTOL KNOLL RD**

City State Zip Code  
**NEWARK DE 19711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 23 / 2008**

Transaction ID: SA11AI.37027

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**413.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR WALTER KLEINER 980

Mailing Address 1725 89TH PL NE

City State Zip Code  
CLYDE HILL WA 98004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.36450

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR STANLEY KUPER 770

Mailing Address 8 RAIN HOLLOW PL

City State Zip Code  
HOUSTON TX 77024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FORESIGHT

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.36074

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR STANLEY KUPER 770

Mailing Address 8 RAIN HOLLOW PL

City State Zip Code  
HOUSTON TX 77024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FORESIGHT

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.36073

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**DR JAMES LABACH 662, MD**

Mailing Address **10002 W 121ST ST**

City State Zip Code  
**OVERLAND PARK KS 66213**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PHYSICIANS REFERENCE LAB**

Occupation  
**PATHOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: SA11AI.35941

Amount of Each Receipt this Period

**175.00**

**B.**

Full Name (Last, First, Middle Initial)  
**DR JAMES LABACH 662, MD**

Mailing Address **10002 W 121ST ST**

City State Zip Code  
**OVERLAND PARK KS 66213**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PHYSICIANS REFERENCE LAB**

Occupation  
**PATHOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**380.00**

Date of Receipt

**10 / 31 / 2008**

Transaction ID: SA11AI.35939

Amount of Each Receipt this Period

**105.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR GLEN LATHROP 744**

Mailing Address **RR 1 BOX 835**

City State Zip Code  
**WEBBERS FALLS OK 74470**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**650.00**

Date of Receipt

**10 / 28 / 2008**

Transaction ID: SA11AI.36027

Amount of Each Receipt this Period

**150.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**430.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR CHARLES J LEMONT 483

Mailing Address 54698 BELLINGHAM DR

City State Zip Code  
SHELBY TOWNSHIP MI 48316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.37415

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR CHARLES J LEMONT 483

Mailing Address 54698 BELLINGHAM DR

City State Zip Code  
SHELBY TOWNSHIP MI 48316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.37414

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MS NORMA LESTER

Mailing Address 14719 YUKON AVE

City State Zip Code  
HAWTHORNE CA 90250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-10.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.37529

Amount of Each Receipt this Period

-10.00

NSF

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR KEN LINDEMANN 543

Mailing Address 3370 NAUTICAL AVE

City State Zip Code  
GREEN BAY WI 54311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.37464

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DIANA R LINGENFELTER 864

Mailing Address 1080 RIATA VALLEY RD

City State Zip Code  
KINGMAN AZ 86409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.36211

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR BERNARD LOUIS 535

Mailing Address 30511 COUNTY HWY B

City State Zip Code  
LONE ROCK WI 53556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.37459

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

530.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

DR GEORGE B MALLORY 770, JR

Mailing Address 6506 PICKENS ST

City

HOUSTON

State

TX

Zip Code

77007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.36071

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES Y MANDERFIELD 605

Mailing Address 4130 PARK AVE

City

BROOKFIELD

State

IL

Zip Code

60513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.37518

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES Y MANDERFIELD 605

Mailing Address 4130 PARK AVE

City

BROOKFIELD

State

IL

Zip Code

60513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2785.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.37519

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS CORNELIA D MCCURDY 190**

Mailing Address **801 YALE AVE**

City State Zip Code  
**SWARTHMORE PA 19081**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 18 / 2008**

Transaction ID: SA11AI.36658

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR WILLIAM J MCDERMOTT 142**

Mailing Address **395 N FOREST RD**

City State Zip Code  
**WILLIAMSVILLE NY 14221**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MATHEWSON MCCARTHY CO**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: SA11AI.36954

Amount of Each Receipt this Period

**200.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR WILLIAM MCGUIRE 751**

Mailing Address **3913 MODLIN ST**

City State Zip Code  
**MESQUITE TX 75150**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**REAL ESTATE BROKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: SA11AI.36584

Amount of Each Receipt this Period

**150.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR WILLIAM MCGUIRE 751**

Mailing Address **3913 MODLIN ST**

City State Zip Code  
**MESQUITE TX 75150**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**REAL ESTATE BROKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**10 / 27 / 2008**

**Transaction ID: SA11AI.36585**

Amount of Each Receipt this Period

**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR DONALD T METCALFE 766**

Mailing Address **106 PRIVATE ROAD 4261**

City State Zip Code  
**CLIFTON TX 76634**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 28 / 2008**

**Transaction ID: SA11AI.36571**

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MISS MARGARET F MILLER 460**

Mailing Address **13553 KENSINGTON PL**

City State Zip Code  
**CARMEL IN 46032**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**425.00**

Date of Receipt

**10 / 23 / 2008**

**Transaction ID: SA11AI.37351**

Amount of Each Receipt this Period

**75.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR ROBB C MINOR 875

Mailing Address 312 CHERYL AVE

City

LOS ALAMOS

State

NM

Zip Code

87544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.36221

Amount of Each Receipt this Period

50.42

**B.**

Full Name (Last, First, Middle Initial)

MR RAYMOND C MJOLNESS 875

Mailing Address 207 DOS BRAZOS ST

City

LOS ALAMOS

State

NM

Zip Code

87544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.36218

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RAYMOND C MJOLNESS 875

Mailing Address 207 DOS BRAZOS ST

City

LOS ALAMOS

State

NM

Zip Code

87544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.36219

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR JAMES E NEWMAN 377

Mailing Address 4202 LAKE MEADOW WAY

City State Zip Code  
LOUISVILLE TN 37777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.37283

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT OWEN 804

Mailing Address 32743 UPPER BEAR CREEK RD

City State Zip Code  
EVERGREEN CO 80439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.36590

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MARGARET PATERSON 210

Mailing Address 3 BAILIFFS CT UNIT 202

City State Zip Code  
LUTHERVILLE TIMONI MD 21093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.37077

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR AGRIS PAVLOVSKIS 488**

Mailing Address **829 ANN ST**

City State Zip Code  
**EAST LANSING MI 48823**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MICHIGAN EXCHANGE CORIOS  
ASSOCIATION**

Occupation  
**ECONOMIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 28 / 2008**

Transaction ID: SA11AI.36587

Amount of Each Receipt this Period

**150.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR L L PENNEY 652**

Mailing Address **1502 E BROADWAY STE 106**

City State Zip Code  
**COLUMBIA MO 65201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**11 / 07 / 2008**

Transaction ID: SA11AI.35918

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR ALBERT PEREZ 967**

Mailing Address **95-195 KEHEPUE PL**

City State Zip Code  
**MILILANI HI 96789**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 20 / 2008**

Transaction ID: SA11AI.36602

Amount of Each Receipt this Period

**200.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR NICHOLAS I PETERS 207**

Mailing Address **PO BOX 32**

City State Zip Code  
**BELTSVILLE MD 20704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1220.00**

Date of Receipt

**10 / 20 / 2008**

**Transaction ID: SA11AI.37046**

Amount of Each Receipt this Period

**200.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR NICHOLAS I PETERS 207**

Mailing Address **PO BOX 32**

City State Zip Code  
**BELTSVILLE MD 20704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1350.00**

Date of Receipt

**10 / 29 / 2008**

**Transaction ID: SA11AI.37047**

Amount of Each Receipt this Period

**130.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR PHILIP PETERSON 331**

Mailing Address **11193 NE 8TH CT**

City State Zip Code  
**BISCAYNE PARK FL 33161**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**11 / 05 / 2008**

**Transaction ID: SA11AI.37227**

Amount of Each Receipt this Period

**200.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**530.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
PAUL PETERSON 741

Mailing Address 5126 E 106TH ST

City State Zip Code  
TULSA OK 74137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.36660

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM PORTER 935

Mailing Address 1003 N NORMA ST

City State Zip Code  
RIDGECREST CA 93555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.36350

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
H LANIER PRICE 752

Mailing Address 4738 W AMHERST AVE

City State Zip Code  
DALLAS TX 75209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.36044

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code  
SAN FRANCISCO CA 94121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.36558

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code  
SAN FRANCISCO CA 94121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.36557

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ELDON ROSENTRATER 630

Mailing Address 1345 CLARKSON PINES LN

City State Zip Code  
ELLISVILLE MO 63011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALLIED HEALTHCARE PRODUCT

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.35883

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MISS MADELYN SAYLOR**

Mailing Address **351 HUNTING LODGE DR**

City State Zip Code  
**MIAMI SPRINGS FL 33166**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**-10.00**

Date of Receipt

**10 / 16 / 2008**

Transaction ID: SA11AI.37528

Amount of Each Receipt this Period

**-10.00**

NSF

**B.**

Full Name (Last, First, Middle Initial)  
**MRS ELIZABETH J SCHAFER 921**

Mailing Address **610 1ST ST**

City State Zip Code  
**CORONADO CA 92118**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**HOMEMAKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3000.00**

Date of Receipt

**10 / 28 / 2008**

Transaction ID: SA11AI.36303

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR HARRY R SCHUMACHER 101**

Mailing Address **47 E 88TH ST**

City State Zip Code  
**NEW YORK NY 10128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 07 / 2008**

Transaction ID: SA11AI.36911

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**590.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)

MR HARRY R SCHUMACHER 101

Mailing Address 47 E 88TH ST

City

**NEW YORK**

State

**NY**

Zip Code

**10128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**11 / 21 / 2008**

**Transaction ID: SA11AI.36913**

Amount of Each Receipt this Period

**25.00**

**B.**

Full Name (Last, First, Middle Initial)

MR ALAN SCOTT 852

Mailing Address 16444 N 56TH PL

City

**SCOTTSDALE**

State

**AZ**

Zip Code

**85254**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**475.00**

Date of Receipt

**10 / 31 / 2008**

**Transaction ID: SA11AI.36181**

Amount of Each Receipt this Period

**150.00**

**C.**

Full Name (Last, First, Middle Initial)

MR ALLEN H SIMON 852

Mailing Address 1383 N CRISS ST

City

**CHANDLER**

State

**AZ**

Zip Code

**85226**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**11 / 17 / 2008**

**Transaction ID: SA11AI.36172**

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR WM BRIDGES SMITH 038**

Mailing Address **PO BOX 808**

City State Zip Code  
**NEW CASTLE NH 03854**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**507.00**

Date of Receipt

**10 / 31 / 2008**

Transaction ID: SA11AI.36835

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR BAKER A SMITH 300**

Mailing Address **3360 E TERRELL BRANCH CT SE**

City State Zip Code  
**MARIETTA GA 30067**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MORRIS-ANDERSON & ASSOC**

Occupation  
**MANAGEMENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**11 / 07 / 2008**

Transaction ID: SA11AI.37185

Amount of Each Receipt this Period

**300.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS HELEN L SMITH 522**

Mailing Address **5954 COUNTY ROAD X40**

City State Zip Code  
**ANAMOSA IA 52205**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**10 / 29 / 2008**

Transaction ID: SA11AI.37449

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
JANE SMITH 871

Mailing Address 3390 SAINT ANDREWS DR SE

City State Zip Code  
RIO RANCHO NM 87124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
WIDOW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.36705

Amount of Each Receipt this Period

53.00

**B.**

Full Name (Last, First, Middle Initial)  
JANE SMITH 871

Mailing Address 3390 SAINT ANDREWS DR SE

City State Zip Code  
RIO RANCHO NM 87124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
WIDOW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.36704

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)  
MISS CHARLENE SPRANKEL 625

Mailing Address 120 FENWAY DR

City State Zip Code  
DECATUR IL 62521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.35879

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

188.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**KAREN STAMM 223**

Mailing Address **6312 HILLCREST PL**

City State Zip Code  
**ALEXANDRIA VA 22312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOUSEWIFE**

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 27 / 2008**

**Transaction ID: SA11AI.37099**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)  
**KAREN STAMM 223**

Mailing Address **6312 HILLCREST PL**

City State Zip Code  
**ALEXANDRIA VA 22312**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOUSEWIFE**

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1100.00**

Date of Receipt

**10 / 27 / 2008**

**Transaction ID: SA11AI.37100**

Amount of Each Receipt this Period

**600.00**

**C.**

Full Name (Last, First, Middle Initial)  
**ADA STRASENBURGH 082**

Mailing Address **PO BOX 608**

City State Zip Code  
**OCEAN VIEW NJ 08230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 21 / 2008**

**Transaction ID: SA11AI.36888**

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
ADA A STRASENBURGH 082

Mailing Address PO BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.36891

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
ADA A STRASENBURGH 082

Mailing Address PO BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.36892

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS ALICE SUMIDA 972

Mailing Address 2309 SW 1ST AVE APT 1545

City State Zip Code  
PORTLAND OR 97201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.36528

Amount of Each Receipt this Period

456.00

**SUBTOTAL** of Receipts This Page (optional) .....

1156.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE  
953 PYRITE AVE

City State Zip Code  
HENDERSON NV 89011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.36227

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE  
953 PYRITE AVE

City State Zip Code  
HENDERSON NV 89011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.36225

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE  
953 PYRITE AVE

City State Zip Code  
HENDERSON NV 89011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.36226

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
C I SYMSSMITH 190

Mailing Address 485 DEVON PARK DR STE 119

City State Zip Code  
WAYNE PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
MGT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.37007

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MARY E THOMSON 985

Mailing Address 1835 CIRCLE LN SE APT 304

City State Zip Code  
LACEY WA 98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.36468

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS PAM VANDER LINDE 229

Mailing Address 610 ARDWOOD ROAD

City State Zip Code  
EARLYSVILLE VA 22936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.37103

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR JAMES VAN VALKENBURG 190

Mailing Address 535 GRADYVILLE RD # B125

City State Zip Code  
NEWTOWN SQUARE PA 19073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.37003

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOSEPH WACHTER 378

Mailing Address 501 REGAL TOWERS

City State Zip Code  
MARYVILLE TN 37804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.37284

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR WINSTON G WALKER 801

Mailing Address 8230 S SEABROOK LN

City State Zip Code  
LITTLETON CO 80120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.36132

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**Full Name (Last, First, Middle Initial)  
MRS ANNE WALL 731

Mailing Address 6205 COMMODORE LN

City	State	Zip Code
OKLAHOMA CITY	OK	73162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANNE WALL INCOccupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.36003

Amount of Each Receipt this Period

50.00

**B.**Full Name (Last, First, Middle Initial)  
FRASER WALSH 018

Mailing Address 12 WEDGEMERE AVE

City	State	Zip Code
WINCHESTER	MA	01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRACER TECHNOLOGIESOccupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.36767

Amount of Each Receipt this Period

200.00

**C.**Full Name (Last, First, Middle Initial)  
MRS STEINA WALTER 208

Mailing Address 7100 SAUNDERS CT

City	State	Zip Code
BETHESDA	MD	20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALL AM AUTO CORPOccupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.37055

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MRS STEINA WALTER 208

Mailing Address 7100 SAUNDERS CT

City

BETHESDA

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALL AM AUTO CORP

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.37056

Amount of Each Receipt this Period

2.00

**B.**

Full Name (Last, First, Middle Initial)

MRS RUBY S WARREN 730

Mailing Address 4020 BLUESTEM CIR

City

NORMAN

State

OK

Zip Code

73072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.35993

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD L WICKENS 871

Mailing Address 9043 GUADALUPE TRL NW

City

ALBUQUERQUE

State

NM

Zip Code

87114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUMBER INC

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.36215

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

402.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MRS GRACE E WILSON 633

Mailing Address 1622 POLAR DR

City

WENTZVILLE

State

MO

Zip Code

63385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.35907

Amount of Each Receipt this Period

371.00

**B.**

Full Name (Last, First, Middle Initial)

MISS JOSEPHINE E WOOD 245

Mailing Address 1400 ENTERPRISE DR #330N  
# 330

City

LYNCHBURG

State

VA

Zip Code

24502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAIRFAX PUBLIC SCHOOLS

Occupation  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.37127

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MRS HARRIET YOUNG 922

Mailing Address 81910 ARUS AVE

City

INDIO

State

CA

Zip Code

92201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YOUNG & SONS NURSERY

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.36307

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

721.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MRS HARRIET YOUNG 922

Mailing Address 81910 ARUS AVE

City

INDIO

State

CA

Zip Code

92201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YOUNG & SONS NURSERY

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.36308

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MRS HARRIET YOUNG 922

Mailing Address 81910 ARUS AVE

City

INDIO

State

CA

Zip Code

92201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YOUNG & SONS NURSERY

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.36310

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS HARRIET YOUNG 922

Mailing Address 81910 ARUS AVE

City

INDIO

State

CA

Zip Code

92201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YOUNG & SONS NURSERY

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.36309

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

27586.42

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.53768 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement QUARTERLY TAX FILING FEE	<table border="1"> <tr> <td>82.72</td> </tr> </table>	82.72																			
82.72																					
Candidate Name MADISON PROJECT INC.	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICA ONLINE	<b>Transaction ID:</b> SB21B.53767 <b>Date of Disbursement</b>																				
Mailing Address ONE TIME WARNER CTR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	8												
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INTERNET WEB HOSTING	<table border="1"> <tr> <td>25.90</td> </tr> </table>	25.90																			
25.90																					
Candidate Name MADISON PROJECT INC.	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICA ONLINE	<b>Transaction ID:</b> SB21B.53770 <b>Date of Disbursement</b>																				
Mailing Address ONE TIME WARNER CTR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	4		2	0	0	8												
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INTERNET WEB HOSTING	<table border="1"> <tr> <td>25.90</td> </tr> </table>	25.90																			
25.90																					
Candidate Name MADISON PROJECT INC.	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

134.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.37532</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1529.89</p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.37533</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 3570.92</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.37535</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 3318.83</p> <p>003 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

8419.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.37536

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

4581.20

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.37537

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

4507.86

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.37538

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

4395.29

**SUBTOTAL** of Disbursements This Page (optional) .....

13484.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.37539

Date of Disbursement

11 / 06 / 2008

Amount of Each Disbursement this Period

4490.80

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA SYSTEMS

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.37540

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

180.00

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA SYSTEMS

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.37541

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

1313.78

**SUBTOTAL** of Disbursements This Page (optional) .....

5984.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
CENTURY DATA SYSTEMS

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.37542

Date of Disbursement

/   /

Amount of Each Disbursement this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)  
CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.37543

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3600.00

**C.**

Full Name (Last, First, Middle Initial)  
CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.37544

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4229.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7919.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) ELECTRONIC REPORTING SYSTEMS INC	<b>Transaction ID:</b> SB21B.37545 <b>Date of Disbursement</b>																				
Mailing Address 683 BERRYVILLE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
City WINCHESTER State VA Zip Code 22601	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING	<table border="1"> <tr> <td>1494.20</td> </tr> </table>	1494.20																			
1494.20																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	<b>Transaction ID:</b> SB21B.37547 <b>Date of Disbursement</b>																				
Mailing Address 11325 RANDOM HILLS DR SUITE 240	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	8												
City FAIRFAX State VA Zip Code 22030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MERCHANT SERVICE CHARGE	<table border="1"> <tr> <td>529.20</td> </tr> </table>	529.20																			
529.20																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	<b>Transaction ID:</b> SB21B.37548 <b>Date of Disbursement</b>																				
Mailing Address 11325 RANDOM HILLS DR SUITE 240	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	8												
City FAIRFAX State VA Zip Code 22030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AMEX COLLECTION FEE	<table border="1"> <tr> <td>4.50</td> </tr> </table>	4.50																			
4.50																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2027.90

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.37546

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

26.00

**B.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.37549

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

201.61

**C.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.53753

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

526.36

**SUBTOTAL** of Disbursements This Page (optional) .....

753.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR  
SUITE 240

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
AMEX COLLECTION FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.53754

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.50

**B.**

Full Name (Last, First, Middle Initial)  
INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.37550

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3610.42

**C.**

Full Name (Last, First, Middle Initial)  
INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.37551

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3477.57

**SUBTOTAL** of Disbursements This Page (optional) .....

7092.49

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INCMailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALSCandidate Name  
MADISON PROJECT INC.Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.37552

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Amount of Each Disbursement this Period

7248.52

**B.** Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INCMailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALSCandidate Name  
MADISON PROJECT INC.Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.37553

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Amount of Each Disbursement this Period

909.02

**C.** Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INCMailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALSCandidate Name  
MADISON PROJECT INC.Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.37554

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	0	8

Amount of Each Disbursement this Period

2710.47

SUBTOTAL of Disbursements This Page (optional) .....

10868.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) PATTON-KIEHL GROUP INC	<b>Transaction ID:</b> SB21B.37572 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 590	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	0	8												
City THORNBURG State VA Zip Code 22565	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">1594.67</td> </tr> </table>	1594.67																			
1594.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RST MARKETING	<b>Transaction ID:</b> SB21B.37559 <b>Date of Disbursement</b>																				
Mailing Address 1272 CORPORATE PARK RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	8												
City FOREST State VA Zip Code 24551	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">12355.39</td> </tr> </table>	12355.39																			
12355.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) US POSTMASTER	<b>Transaction ID:</b> SB21B.37560 <b>Date of Disbursement</b>																				
Mailing Address MERRIFIELD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
City VIENNA State VA Zip Code 22182	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PO BOX RENEWAL Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">495.00</td> </tr> </table>	495.00																			
495.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

14445.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 69

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
WACHOVIA BANK

Mailing Address PO BOX 563966

City CHARLOTTE State NC Zip Code 28262

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.53769

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.90

**B.**

Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PL

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
CAGING & ESCROW SERVICES

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.37561

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1433.98

**SUBTOTAL** of Disbursements This Page (optional) .....

1463.88

**TOTAL** This Period (last page this line number only) .....

72593.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial)  
BOB SCHAFFER FOR US SENATE

Mailing Address PO BOX 102135

City State Zip Code  
DENVER CO 80250Purpose of Disbursement  
EARMARKED CONTRIBUTIONCandidate Name  
ROBERT W SCHAFFEROffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.37574

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount of Each Disbursement this Period

1080.00

**B.** Full Name (Last, First, Middle Initial)  
CHRIS HACKETT FOR CONGRESS

Mailing Address 23 Dallas Shopping Center

City State Zip Code  
Dallas PA 18612Purpose of Disbursement  
EARMARKED CONTRIBUTIONCandidate Name  
CHRISTOPHER LAWRENCE HACKETTOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.37576

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount of Each Disbursement this Period

800.00

**C.** Full Name (Last, First, Middle Initial)  
DAILEY FOR CONGRESS

Mailing Address 13126 MILLER RD

City State Zip Code  
MOUNT VERNON OH 43050Purpose of Disbursement  
EARMARKED CONTRIBUTIONCandidate Name  
FRED L DAILEYOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: SB23.37578

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount of Each Disbursement this Period

700.00

SUBTOTAL of Disbursements This Page (optional) .....

2580.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**Full Name (Last, First, Middle Initial)  
FRIENDS OF ERIK PAULSENMailing Address P.O. Box 44369  
250 Prairie Center DriveCity State Zip Code  
Eden Prairie MN 55344Purpose of Disbursement  
EARMARKED CONTRIBUTIONCandidate Name  
ERIK PAULSEN011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: SB23.37580

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount of Each Disbursement this Period

720.00

**B.**Full Name (Last, First, Middle Initial)  
GARD FOR CONGRESS

Mailing Address PO BOX 277

City State Zip Code  
GREEN BAY WI 54305Purpose of Disbursement  
EARMARKED CONTRIBUTIONCandidate Name  
JOHN G GARD011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: SB23.37582

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount of Each Disbursement this Period

735.00

**C.**Full Name (Last, First, Middle Initial)  
JIM RISCH FOR U S SENATE COMMITTEE

Mailing Address 407 W JEFFERSON STREET

City State Zip Code  
BOISE ID 83702Purpose of Disbursement  
EARMARKED CONTRIBUTIONCandidate Name  
JAMES E RISCH011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 00

Transaction ID: SB23.37584

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount of Each Disbursement this Period

235.00

SUBTOTAL of Disbursements This Page (optional) .....

1690.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 69

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MUSGRAVE FOR CONGRESS

Mailing Address 257 Johnstown Center Drive  
#211

City Johnstown State CO Zip Code 80534

Purpose of Disbursement  
EARMARKED CONTRIBUTION

Candidate Name  
MARILYN MUSGRAVE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 04

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.37586

Date of Disbursement

/   /

Amount of Each Disbursement this Period

780.00

**B.**

Full Name (Last, First, Middle Initial)  
OLSON FOR CONGRESS COMMITTEE

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement  
EARMARKED CONTRIBUTION

Candidate Name  
PETER G OLSON

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 22

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.37588

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1070.00

**C.**

Full Name (Last, First, Middle Initial)  
PAUL BROWN COMMITTEE

Mailing Address PO Box 7165

City Athens State GA Zip Code 30604

Purpose of Disbursement  
EARMARKED CONTRIBUTION

Candidate Name  
PAUL COLLINS BROWN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 10

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.37590

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2450.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)  
PEOPLE FOR PEARCE

Mailing Address PO BOX 2696

City HOBBS State NM Zip Code 88240

Purpose of Disbursement  
EARMARKED CONTRIBUTIONCandidate Name  
STEVE PEARCEOffice Sought: ☐ House  
☒ Senate  
☐ President

State: NM District: 00

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: SB23.37592

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

735.00

SUBTOTAL of Disbursements This Page (optional) .....

735.00

TOTAL This Period (last page this line number only) .....

7455.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 66 / 69

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BMW DIRECT INCNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMPMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

24461.78

Transaction ID: SD10.6951

Amount Incurred This Period

49.42

Payment This Period

8419.64

Outstanding Balance at Close of This Period

16091.56

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CENTURY DATA MAILING SERVICESNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMPMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

17975.15

Transaction ID: SD10.6956

Amount Incurred This Period

8817.01

Payment This Period

17975.15

Outstanding Balance at Close of This Period

8817.01

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CENTURY DATA SYSTEMSNature of Debt (Purpose):  
DATA PROCESSINGMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

1583.78

Transaction ID: SD10.6952

Amount Incurred This Period

1175.00

Payment This Period

1583.78

Outstanding Balance at Close of This Period

1175.00

1) **SUBTOTALS** This Period This Page (optional).....

26083.57

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 67 / 69

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COLORTREE OF VIRGINIANature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING

Mailing Address 2519 BRITTONS HILL RD

City State ZIP Code  
RICHMOND VA 23230

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.37566

Amount Incurred This Period

2669.62

Payment This Period

0.00

Outstanding Balance at Close of This Period

2669.62

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CONSOLIDATED MAILING SERVICESNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING

Mailing Address 504 SHAW ROAD

City State ZIP Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

4024.50

Transaction ID: SD10.34896

Amount Incurred This Period

3804.50

Payment This Period

7829.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ELECTRONIC REPORTING SYSTEMS INCNature of Debt (Purpose):  
ELECTRONIC DISCLOSURE REP-  
ORTING

Mailing Address 683 BERRYVILLE AVE

City State ZIP Code  
WINCHESTER VA 22601

Outstanding Balance Beginning This Period

1494.20

Transaction ID: SD10.23487

Amount Incurred This Period

1645.80

Payment This Period

1494.20

Outstanding Balance at Close of This Period

1645.80

**1) SUBTOTALS** This Period This Page (optional).....

4315.42

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 68 / 69

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INTEGRAMNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING

Mailing Address 8421 HILLTOP ROAD

City State ZIP Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

3610.42

Transaction ID: SD10.34901

Amount Incurred This Period

6695.37

Payment This Period

7087.99

Outstanding Balance at Close of This Period

3217.80

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LEGACY LIST MANAGEMENT INCNature of Debt (Purpose):  
LIST RENTALSMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

12172.50

Transaction ID: SD10.6955

Amount Incurred This Period

0.00

Payment This Period

10868.01

Outstanding Balance at Close of This Period

1304.49

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PATTON-KIEHL GROUP INCNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING

Mailing Address PO BOX 590

City State ZIP Code  
THORNBURG VA 22565

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.37571

Amount Incurred This Period

2385.33

Payment This Period

1594.67

Outstanding Balance at Close of This Period

790.66

1) **SUBTOTALS** This Period This Page (optional).....

5312.95

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 69 / 69

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RST MARKETINGNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING

Mailing Address 1272 CORPORATE PARK RD

City State ZIP Code  
FOREST VA 24551

Outstanding Balance Beginning This Period

12355.39

Transaction ID: SD10.23512

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12355.39

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):  
MONEY PROCESSING & ESCROW

Mailing Address 4128 PEPSI PL

City State ZIP Code  
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

200.00

Transaction ID: SD10.6958

Amount Incurred This Period

1433.98

Payment This Period

1433.98

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

12555.39

2) **TOTALS** This Period (last page this line number only)..... ▶

48267.33

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

48267.33